## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"

for maintenance fee notificat	ions.				
00959 LAHIVE & COCKFIELD, LLP One Post Office Square Boston, Massachusetts 02109-2127				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.	
					(Signature)
					(Date)
APPLICATION NO.	FILING DATE	FILING DATE FIRST NAMED		ATTORNEY DOCKET N	O. CONFIRMATION NO.
10/019,067	06/28/2002 Mats PAULSSON		AULSSON	HLZ-001USRCE	7795
TITLE OF INVENTION: DIAGNOSIS OF GLUTEN SENSITIVE ENTEROPATHY AND OTHER AUTOIMMUNOPATHIES					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION F	EE TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	yes	\$755.00	\$300.00	\$1,061.00	03/29/2010
EXAMIN	ER	ART UNIT	CLASS-SUBCLAS	SS	
G. W. Counts 1641					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address" indication of "Fee Address" Indication of "Fee Address" Indication of a registered attorney or agent) and the names of a registered atto					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.  "Fee Address" indication a registered attorney or age up to 2 registered patent attorney or age up to 2 registered patent attorney or age.				or agents. If no 3 lill Gorn	y Sloper, Esq.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government					
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):					
X Issue Fee A check in the amount of the fee(s) is enclosed.					
X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.					
X Advance Order -# of Copies 2 X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to  Deposit Account Number 12-0080					
5. Change in Entity Status	s (from status indicate	ed above)			
a. Applicant claims	SMALL ENTITY sta	tus. See 37 CFR 1.27.	b. Applicant is no	longer claiming SMALL ENTITY	? status. See 37 CFR 1.27(g)(2).
	olication Fee (if require	d) will not be accepted from a		ny previously paid issue fee to the applicant; a registered attorney or ag	pplication identified above. ent; or the assignee or other party in
Authorized Signature /Jill Gorny Sloper, Esq./				Date	March 26, 2010
Typed or printed name	name Jill Gorny Sloper, Esq.			Registration No.	60,760